

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

4360

2. Fiscal Year Covered From:

7 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name EDWIN E VANCE

P.O. Box, Bldg., Room No., if any

Street 206 DELMONT ST

City CHATTANOOGA

State TN ZIP Code + 4

37405

4. Name, file number, and address of labor organization.

Name BOILERMAKERS DISTRICT 57

Labor Organization File Number 647-150

P.O. Box, Building and Room Number, if any

Street 206 DELMONT ST

City CHATTANOOGA

State TN

ZIP Code + 4

37405

5. Position in labor organization.

BUSINESS MANAGER

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Edwin E Vance

On

8-12-05

Date

423 756 6000

Telephone Number

Name of Person Filing **EDWIN G. VANCE**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1017 NORTH WORTH ST**

City **KANSAS CITY**

State **KANSAS** ZIP Code + 4 **66101-2624**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1017 NORTH WORTH ST**

City **KANSAS CITY**

State **KANSAS** ZIP Code + 4 **66101-2624**

11.a. Nature of such dealing.

**BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM - FRANKS APPRENTICES**

11.b. Approximate dollar value of such dealing.

**\$3,000,000.00**

12.a. Nature of interest held or income received.

**SPRING MTG BREAKFAST MAY 4, 2004**

12.b. Amount.

**\$36.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1017 NORTH NINTH ST</b></p> <p>City <b>KANSAS CITY,</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101-2624</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1017 NORTH NINTH ST</b></p> <p>City <b>KANSAS CITY,</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101-2624</b></p>	<p>11.a. Nature of such dealing.</p> <p style="margin-left: 40px;"><b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM TRAINS APPRENTICES</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>3,000,000.00</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p style="margin-left: 40px;"><b>SPRINGTIME BREAKFAST MAY 5, 2004</b></p>
	<p>12.b. Amount. <b>39.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1017 NORTH NINTH ST</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101-2624</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1017 NORTH NINTH ST</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101-2624</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>BOILERMAKERS NATIONAL APPRENTICESHIP PROGRAM TRAINS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>3,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>BNAP AWARDS BANQUET SEPT 16, 2004</b></p> <p>12.b. Amount. <b>93.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTEAST TRAINING PROGRAM TRANS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SASAE BOARD MEETING BKFT 3-2-2004</b></p> <p>12.b. Amount. <b>23.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33513-6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33513-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TRANS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SADAC BOARD MEETING BKFT 3-3-2004</b></p> <p>12.b. Amount. <b>19.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TRANS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SATA BOARD MEETING BKFST 5-11-2004</b></p> <p>12.b. Amount. <b>28.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHERN AREA CWT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33513-6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHERN AREA CWT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33513-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TRANS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SATAE BOARD MTG - BK EST 5-12-2004</b></p> <p>12.b. Amount. <b>23.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



Name of Person Filing <u>EDWIN G. VANCE</u>	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>3715 UPPER CREEK DR</u></p> <p>City <u>RUSKIN</u></p> <p>State <u>FL</u> ZIP Code + 4 <u>33573-6840</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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	<p>11.b. Approximate dollar value of such dealing. <u>4,000,000.00</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>SATAC BOARD MTG - BKFST</u> <u>8-11-2004</u></p>
	<p>12.b. Amount. <u>13.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TRAINS APPRENTICES</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>SATAC BOARD MTG - BKFAST</b></p> <p><b>8-12-2004</b></p> <hr/> <p>12.b. Amount. <b>13.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573 6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573 6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TRANS APPRENTICES</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>SATC AWARD BANQUET</b></p> <p><b>8-12-2004</b></p> <hr/> <p>12.b. Amount. <b>80.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>EDWIN G. VANCE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SOUTHEASTERN AREA CONT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>SOUTHEASTERN AREA CONT APPRENTICESHIP COMMITTEE</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>3715 UPPER CREEK DR</b></p> <p>City <b>RUSKIN</b></p> <p>State <b>FL</b> ZIP Code + 4 <b>33573-6840</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>SOUTHEAST TRAINING PROGRAM TEAMS APPRENTICES</b></p> <p>11.b. Approximate dollar value of such dealing. <b>4,000,000.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>SALAR BOARD MTG BKFS</b></p> <p><b>10-2-2004</b></p> <p>12.b. Amount. <b>16.00</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>